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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/991,512
Filing Date	
First Named Inventor	Howard Willers
Art Unit	3622
Examiner Name	Arthur Duran
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

I spoke with USPTO  
ERIC Stamber  
Our Attorney had a heart attack & may be dead.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Howard Willers				
Address	2331 Saideel Drive #3				
City	San Jose	State	CA	Zip	95124
Country	USA				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Howard Willers		
Date	Friday Jan 7/2005	Telephone	(408) 891-7228

NOTE: Signatures of all the inventors and signers of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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